

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS

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2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

07/980,547

11/23/92

021

ALEXANDER, V

3306

08/30/94

First Named

Applicant BRINON,

THIERRY

TITLE OF INVENTION: UNITARY COMPOSITE CONNECTOR FOR A LIQUID CIRCUIT, IN PARTICULAR FOR MEDICAL APPLICATIONS

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	MS-335.933	604-244.000	D96	UTILITY	NO	\$1170.00	11/30/94

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 MASON, KOLEHMAINEN2 RATHBURN & WYSS

3 _____

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020 FF 10/26/94 07980547

1 142 1,210.00 CK

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1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

Vygon

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Ecouen, FRANCE

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

Joseph Krieger

(Date)

10/19/94

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TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

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Lois M. Kane
(Name of person making deposit)

Lois M. Kane
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October 19, 1994
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